

FORM 16-10



K. ERIK SWANSON
Superintendent of Education

**DEPARTMENT OF EDUCATION
OFFICE OF THE ADMINISTRATOR
STUDENT SUPPORT SERVICES DIVISION**

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CHRISTOPHER J. ANDERSON
Administrator, Student Support Services

**SCHOOL BASED BEHAVIORAL HEALTH
REFUSAL OF SERVICES FORM**

Name of Student: _____ Date of Birth: _____

I, _____ have been notified that my child was recommended to participate in the Guam Department of Education's School Based Behavioral Health Program (BHS). I understand that the **benefits of the BHS program may include improvements in my child's:** 1) psychological health; 2) physical health; and 3) overall well-being. I understand that the **risks of the BHS program may include:** 1) Desired outcomes may not be achieved and 2) Behaviors/Symptoms may get worse during the course of services.

I willingly have decided for my child to (please check all applicable boxes):

- ☐ Refuse Service and Support Plan
- ☐ Refuse Intake Assessment
- ☐ Refuse Counseling Services: Individual, Group, and Family
- ☐ Refuse Emergency Crisis Services
- ☐ Refuse Substance use Services
- ☐ Refuse Other (Please Specify):

Potential consequences of refusal (i.e., worsening of mental health condition, etc.) explained to the individual and parent(s) or legal guardian(s): _____

Parent(s) or Legal Guardian(s): Print Name Signature Date

Clinician: Print Name Signature Date